



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

DBA:
Expiration: April 1
License Code: 318
Rev Code: 311009
<u>MCO</u> : 188
Adm Issuance: Yes
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Mobile Food Vehicle Vendor	
A food establishment preparing and/or serving foods from a self-contained vehicle, either motorized or within a trailer on public sidewalks, private property, or curbside on public streets. The vehicle must be readily movable, without disassembling, for transport. Sidewalk and parking lot locations are assigned to individual vendors. Street locations are available to all licensed vendors daily on a first-come first-served basis. Vehicles may not be kept, stored, or maintained on a residentially zoned property.	
Staff Initials	Application Checklist – Submit the following to: <u>Minneapolis Development Review</u> 250 South 4 th Street, Room 300 Public Service Center Minneapolis, MN 55415
	<input type="checkbox"/> 1. License Application – Mobile Food Vehicle Vendor (Form #1)
	<input type="checkbox"/> 2. <u>Health</u> Addendum (Form #2)
	<input type="checkbox"/> 3. Food Establishment Plan Review Application (Form #3) – Vehicle and Site Plans are required for approval.
	<input type="checkbox"/> 4. Food Plan Review <u>Fee</u> \$ _____
	<input type="checkbox"/> 5. Vehicle Plan that conforms to the Mobile Food Vehicle Plan Standards (Form #4). Plans that do not conform to the requirements will be returned to the applicant as incomplete.
	<input type="checkbox"/> 6. Site Plan of Proposed Location that conforms to the Mobile Food Vehicle Site Requirements (Form #5). Plans that do not conform to the requirements will be returned to the applicant as incomplete. <input type="checkbox"/> N/A – Operating at street locations only.
	<input type="checkbox"/> 7. Letter of Consent (Form #6) This is required if the proposed location is on: <input type="checkbox"/> private property. Written consent is required from the property owner. <input type="checkbox"/> or within 200 feet of park board property. Written consent from the Minneapolis Park Board may include a permit, agreement, or other required written authorization. <input type="checkbox"/> the public right-of-way where a restaurant or sidewalk café with direct access to the sidewalk is adjacent to or within 100 feet and on the same block face of the proposed location. Written consent is required from the proprietor of the restaurant.
	<input type="checkbox"/> 8. A Certificate of Liability Insurance must be submitted after approval of your Site Plan and Vehicle Specifications. This is required before a license will be granted. (Sample Form #7) This must be furnished by your Insurance Agent with the mandatory changes. You are required to have public liability, food products liability and property damage insurance to protect license holder, property owners, city, and the district, if applicable, from all claims for damage to property or bodily injury, including death, which may arise from operations with the following coverage: <input type="checkbox"/> \$1,000,000 per occurrence. <input type="checkbox"/> If the proposed location is on a public sidewalk, the City of Minneapolis shall be named as an additional insured.
	<input type="checkbox"/> 9. Hold Harmless Statement – This is required if your proposed location is located on <input type="checkbox"/> Nicollet Mall or Marquette Avenue. Attach a signed statement that the license holder shall hold harmless and indemnify the city, any applicable special service district, and their officers and employees, for any claims for damage to property or injury to persons which may be caused by any activity carried on under the terms of the license. <input type="checkbox"/> a public sidewalk. Attach a signed statement that the license holder will hold harmless the adjacent property owner(s) for any claims for damage to property or injury to persons which may be caused by any activity carried on or under the license.
	<input type="checkbox"/> 10. <u>Fee</u> \$ _____
	<input type="checkbox"/> 11. Submit two copies of your application (Items 1 – 8 above) to expedite review.
This Section To Be Completed by Minneapolis Development Review Coordinator DC: _____ Temporary License Number: _____ Date Sent to EHFS _____ EHFS Staff Initials _____ Date Returned to MDR _____	

Additional Application Information

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No License will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.

Information in Other Languages

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

Location Requirements

Street Locations

- a. Street locations are available to all licensed vendors daily on a first-come first-served basis.
- b. Mobile food vehicle license holders must comply with all ordinances, regulation, parking zones and posted signs.
- c. Sales must be made only on the curbside of the vehicle.
- d. Vehicles must be parked within one foot of the curb.
- e. If vehicle is parked at a meter, fees must be paid. Additionally, vehicle/owner cannot
 - occupy more than two parking spaces (including space required for trailer, hitch, etc);
 - violate meter restrictions including short-term, hooded, and temporarily out of service meters;
 - park at a meter located on a bicycle lane;
 - reserve, block or barricade any metered parking spot.

Bus Lane Locations

An obstruction permit is required for vehicles operating in bus lanes. <http://www.minneapolis.mn.roway.net/>

Parking Lot Locations

- a. Parking lot (and sidewalk) locations are assigned to individual vendors.
- b. Ingress and egress must be through existing driveway openings only.
- c. Mobile food vehicles cannot block drive aisles.



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#1

FOR OFFICE USE ONLY:	
LICENSE ID #:	
LIC CLERK:	
FEE: \$	
DATE:	

License Application – Mobile Food Vehicle Vendor

1. BACKGROUND INFORMATION

Legal Corporate Name of Business	Trade Name (DBA)	Business Telephone Number	
Name of Person Filling out this Application	Title	Telephone Number	
E-mail Address	Fax Number	Cell Phone Number	
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number		I am starting a new business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Licensed Kitchen Address	City	State	Zip Code
Name of Manager	Home Address	Date of Birth	
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code

Have any of the above people been convicted of a crime? ☐ Yes ☐ No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

☐ **Street Location(s) Only.** No operations will occur at designated sidewalk or parking lot locations.

☐ **Both Street and Sidewalk/Parking Lot Operations.** List your primary and secondary choices for Sidewalk/Parking Lot sites.

☐ **Sidewalk or Parking Lot Location Only:** List your primary choice and secondary choice for vending sites.

Primary Vending Site Address/Location Description

Secondary Vending Site Address/Location Description

Is your proposed location:

In a Parking Lot? ☐ Yes ☐ No

On a bus lane? ☐ Yes ☐ No

On or within 200 feet of park board property? ☐ Yes ☐ No

On a street or sidewalk where a restaurant or sidewalk café with direct access to the sidewalk/street is adjacent to or within 100 feet, and on the same block face of this location? ☐ Yes ☐ No

Hours of Operation

Describe in detail the principal products or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? ☐ Yes ☐ No

If Yes, indicate date of denial/revocation, government agency, and reason for denial or revocation.

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers' compensation insurance because: ☐ I am self insured. ☐ I am the sole proprietor and I have no employees. ☐ I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

4. VEHICLES

Will there be vehicles used in the business? ☐ Yes ☐ No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



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FOR OFFICE USE ONLY

LICENSE ID #

LICENSE CLERK

DATE

HEALTH ADDENDUM**PART 1 – TO BE FILLED OUT BY APPLICANT****1. BACKGROUND INFORMATION**

Name of Business	Address
Proposed Date of Opening	Number of Customer Seats <input type="checkbox"/> N/A
Gross Square Footage	Square Footage of the Seating Area <input type="checkbox"/> N/A
As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building (New business) <input type="checkbox"/> Starting a new business in an existing building (New business) <input type="checkbox"/> Taking over an existing business (New owner) Name of existing business _____ <input type="checkbox"/> Remodeling only	

2. TYPE OF LICENSE – See Definitions

<input type="checkbox"/> Caterer	<input type="checkbox"/> Grocery	<input type="checkbox"/> Mobile Food Unit
<input type="checkbox"/> Community Kitchen	<input type="checkbox"/> Institutional Food	<input type="checkbox"/> Public Market:
<input type="checkbox"/> Confectionary	<input type="checkbox"/> Meat Market	<input type="checkbox"/> Market Distributor
<input type="checkbox"/> Food Cart	<input type="checkbox"/> Milk Delivery Vehicle	<input type="checkbox"/> Market Manufacturer
<input type="checkbox"/> Food Distributor	<input type="checkbox"/> Milk and Grocery Delivery Vehicle	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Food Manufacturer	<input type="checkbox"/> Milk Distributor	<input type="checkbox"/> Vending
<input type="checkbox"/> Off-Sale Liquor/Malt Liquor/Beer	<input type="checkbox"/> On-Sale Liquor/Wine/Beer	<input type="checkbox"/> Type of Liquor License _____
<input type="checkbox"/> Restaurant(full service food)	<input type="checkbox"/> Club (limited food)	<input type="checkbox"/> Sunday Sales
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Suntanning	<input type="checkbox"/> Outdoor Area
<input type="checkbox"/> Laundry/Dry Cleaning	<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Tattooing/Piercing Establishment

3. CERTIFIED FOOD MANAGER

Name of Certified Food Manager _____ ☐ Attach a copy of current [MN Dept of Health certificate](#).

4. CONSTRUCTION/REMODELING

Is there any construction/remodeling in progress? ☐ Yes ☐ No

What type of work will you be doing? ☐ General Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Other(Explain)

Have plans been submitted to: Minneapolis Development Review ☐ Yes ☐ No Environmental Health Plan Review ☐ Yes ☐ No

Have you obtained the necessary permits? ☐ Yes ☐ No

All existing/used mechanical kitchen systems must be certified by a licensed mechanical professional that they are in working order and appropriate for their use. You may be required to supply a signed letter/document from a licensed mechanical professional listing all mechanical kitchen systems, their use, and whether they are in working order.

Signature of Applicant _____ Date _____

PART II – TO BE FILLED OUT BY ENVIRONMENTAL HEALTH CODE COMPLIANCE OFFICER

Is a Plan Review required? ☐ Yes ☐ No

Are there outstanding upgrades or compliance issues? ☐ Yes (Explain) ☐ No ☐ See attached report.

☐ Yes. I recommend to License Department to proceed.

☐ No. This application is not recommended to License Department to proceed. Reason for Hold:

Signature of EH Official _____ Printed Name: _____ Date: _____



Environmental Health and Food Safety
250 South 4th Street, Room 300
Minneapolis, MN 55415-1316
Phone: 612-673-2080
Fax: 612-673-5819 TTY: 612-673-2170

#3

Mobile Food Vehicle Vendor Plan Review

Submit a completed plan review application and the plan review fee at Minneapolis Development Review, 250 South Fourth Street, Room 300. The plan review fee must be paid with a check or money order made payable to Minneapolis Finance Department when the plans and specifications are submitted.

Application Requirements

1. Complete a list of menu items served or sold
2. Equipment list and cut sheets to support the menu preparation
3. Details on food preparation, methods and processes
4. Name and address of the affiliated licensed food establishment in Minneapolis OR written consent from the affiliated licensed food establishment in Minneapolis
5. Additional equipment or changes for applicant use in the affiliated licensed food establishment
6. Copy of the current MDH Food Manager Certification
7. Copy of the standard operating procedures for cleaning and sanitizing the equipment and vehicle at the affiliated licensed food establishment in Minneapolis
8. Documented process of filling for fresh water
9. Documented process of dumping of the grey water

Plans & Specifications

1. Floor plan drawn to scale
2. Location of all equipment
3. Finish schedule of floor, coving, walls and ceiling
4. Manufacturer's specification sheets with the NSF approval
5. Water heater capacity
6. Fresh water capacity
7. Grey water capacity

Plan Review Fee

1. [Fees](#) are listed on the Business Licenses' website.
2. The fee will be listed in the "Food" section under "Food Plan Review Fees."
3. Use the following risk category definitions to determine your fee:

Risk 1: Potentially hazardous foods that require extensive processing including but not limited to handling, cooling, reheating, holding for service and/or advanced preparation.

Risk 2: Foods that require minimal holding time, less extensive processing, but extensive handling. Examples include meat market, fast food, bakery, pizza shop or a facility that serves a large volume of foods.

Risk 3: Foods that do not meet Risk 1 or Risk 2 criteria such as prepackaged food items: pop, chips, candy, frozen treats, canned goods, bottled milk, for example.

Final Environmental Health Inspection

A final inspection will be required prior to approval of the permit to operate. Call 311 or 612-673-3000 and request a "Food Safety Call Back Request."



ENVIRONMENTAL HEALTH & FOOD SAFETY
250 SOUTH 4TH STREET, ROOM 300
MINNEAPOLIS, MN 55415
PHONE: (612) 673-2170, FAX: (612) 673-5819

FOR OFFICE USE ONLY	
LICENSE ID NUMBER:	
FEE: \$	
LICENSE CLERK:	DATE:

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

FORM #3

BUSINESS & OWNER INFORMATION			
NAME OF PROPOSED BUSINESS (PLEASE PRINT):		TELEPHONE NUMBER:	
STREET ADDRESS OF PROPOSED BUSINESS:	CITY:	STATE:	ZIP CODE:
NAME OF OWNER:	EMAIL ADDRESS:	TELEPHONE NUMBER:	
MAILING ADDRESS OF OWNER	CITY:	STATE:	ZIP CODE:
APPLICANT INFORMATION			
NAME OF APPLICANT:		TELEPHONE NUMBER:	
MAILING ADDRESS OF APPLICANT	CITY:	STATE:	ZIP CODE:
TITLE OF APPLICANT: (OWNER, MANAGER, ARCHITECT, CONSULTANT, ETC.)		EMAIL ADDRESS:	
CONSTRUCTION CATEGORY (check one)			
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> CHANGE OF LOCATION	
<input type="checkbox"/> REMODEL (New Owner, Same Business)		<input type="checkbox"/> REMODEL (New Owner, Different Business)	
<input type="checkbox"/> REMODEL (Same Owner, Same Business)		<input type="checkbox"/> REMODEL (Same Owner, Different Business)	
LICENSE CATEGORY (check all that apply)			
<input type="checkbox"/> RESTAURANT		<input type="checkbox"/> GROCERY	
<input type="checkbox"/> FOOD MANUFACTURER		<input type="checkbox"/> CONFECTIONERY	
<input type="checkbox"/> MEAT MARKET		<input type="checkbox"/> OTHER: (Please specify) _____	
TYPE OF SERVICE (Check all that apply)			
<input type="checkbox"/> SIT DOWN MEALS		<input type="checkbox"/> MOBILE VENDOR	
<input type="checkbox"/> TAKE OUT		<input type="checkbox"/> DELIVERY	
<input type="checkbox"/> CATERING		<input type="checkbox"/> LIQUOR	
		<input type="checkbox"/> OTHER: (Please specify) _____	
PROPOSED HOURS OF OPERATION (Must Conform to City of Minneapolis Ordinances)			
<input type="checkbox"/> SUNDAY: _____		<input type="checkbox"/> THURSDAY: _____	
<input type="checkbox"/> MONDAY: _____		<input type="checkbox"/> FRIDAY: _____	
<input type="checkbox"/> TUESDAY: _____		<input type="checkbox"/> SATURDAY: _____	
<input type="checkbox"/> WEDNESDAY: _____			
OTHER INFORMATION			
TOTAL SQUARE FOOTAGE OF FACILITY: _____		NUMBER OF SEATS: _____	
NUMBER OF EMPLOYEES (Max per shift): _____		NUMBER OF FLOORS OPERATIONS ARE CONDUCTED: _____	
PROJECTED DATE FOR START OF PROJECT: _____			
PROJECTED DATE FOR COMPLETION OF PROJECT: _____			
NAME OF CERTIFIED FOOD MANAGER: _____ COURSE DATE AND/OR EXPIRATION DATE: _____			
Note: If processing potentially hazardous food products, must have certified food manager onsite before opening for business.			

PRINT NAME:	SIGNATURE OF APPLICANT:	DATE SIGNED:
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Fees must be paid when plans are submitted (see "Food Establishment Plan Review Guide" for risk and fee).

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNEAPOLIS FINANCE

This application must be stapled and all pages attached to avoid processing delays. Page 7 of 11 - May 2012



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#4

MOBILE FOOD VEHICLE REQUIREMENTS

1. Vehicles must provide independent power supply which is screened from view. Generators are permitted. Indicate this in your specification and/or drawing.
2. The height of the mobile food vehicle, including all accessory equipment, cannot exceed ten (10) feet on a public sidewalk and thirteen feet six inches (13' 6") on a street or parking lot.
3. Vehicles may not have external signage, bollards, seating or any other equipment not contained within the vehicle. Signs must comply with Zoning Code requirements. www.minneapolismn.gov/cped/zoning-handouts-and-applications.asp
4. Vehicles may not maintain or use outside sound amplifying equipment, televisions or other similar visual entertainment devices, lights or noisemakers such as bells, horns or whistles.
5. Hitches attached to the mobile food vehicle must be removable and detached during hours of operation.
6. Propane tanks must be attached to, or within, the mobile food vehicle and the mobile food vehicle must allow for adequate ventilation and screening of the tank.
7. The mobile food vehicle shall meet all requirements needed to obtain licenses from the City of Minneapolis and the State of Minnesota.

Drawing / Photograph Requirements:

1. One (1) isometric drawing, 2" = 1', in color of at least two views showing all four sides of the proposed mobile food vehicle and any logos, printing or signs which will be incorporated in the design. For existing mobile food vehicles, a 5" x 7" color photograph may be substituted.
2. Any additional items such as color and material samples, layouts of signs, graphics or photographs which are necessary to evaluate the proposed design.

All drawings, discs, and photographs are non-returnable.



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MOBILE FOOD VEHICLE VENDOR SITE REQUIREMENTS

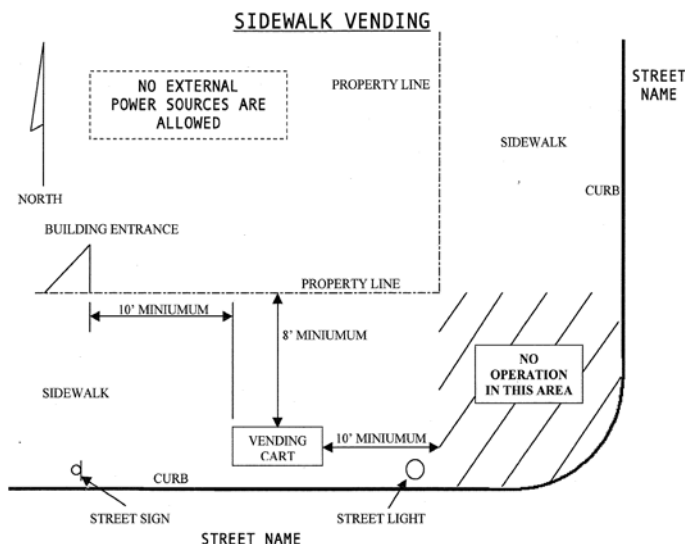
For Sidewalk and Parking Lot Locations (This is not required for Street Locations)

1. Mobile food vehicles are only allowed to operate at approved locations.
2. Mobile food vehicles cannot substantially impair the movement of pedestrians or vehicles or pose a hazard to public safety. Pedestrian walkway of no less than six (6) feet must be maintained around the mobile food vehicle.
3. Mobile food vehicles cannot be located
 - a. adjacent to a bus stop, taxi stand, or handicap loading zone;
 - b. within thirty (30) feet of an intersection or within three (3) feet of a curb; or
 - c. directly in front of a commercial entryway.
4. No mobile food vehicle application will be accepted for a location where a restaurant, food manufacturer, coffee shop or public market, with direct access to the sidewalk, is adjacent to or within 100 feet on the same block face, except with the written consent of the proprietor.
5. Mobile food vehicles may not be located within five hundred (500) feet of a civic event or a regional sports arena
6. The site shall not be within
 - a. (10) ten feet of the intersection of the sidewalk with any other sidewalk;
 - b. (8) eight feet of the adjacent property line;
 - c. (10) ten feet of the extension of any building entrance or doorway, to the curb line; or
 - d. (10) ten feet of any access ramp or parking space designated as disabled.

Site Plan Requirements:

1. A site plan drawing, 2" = 1' or 1/4" = 1', showing the mobile food vehicle location in relation to fixed elements on the sidewalk. This should be submitted on 8 1/2 x 11 paper. Include DBA, licensed kitchen address/location, and name and telephone number of contact person.
2. Label street names and the location where the mobile food vehicle will be parked.
3. Provide a description of how the vehicle will access the site.
4. Include measurements of the distance from the site to:
 - a. sidewalk intersection
 - b. adjacent property line
 - c. building entrance
 - d. disabled parking or access ramp
 - e. newsracks
 - f. parking meters
 - g. street lights
 - h. sign posts
 - i. light poles
 - j. bike stands
 - k. trees
 - l. fire hydrants
 - m. planters
 - n. bus shelters
 - o. other fixtures

Site Plan Example:





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Letter of Consent

This letter hereby authorizes _____, to park a mobile food vehicle adjacent
 (Owner of mobile food vehicle)

to ☐ my restaurant ☐ private property ☐ park board property located at _____.
 (address of property)

This consent shall run concurrent with the license. If at any time the license expires or is revoked, this consent shall be void. The owner and operator of the mobile food vehicle is required to comply with all applicable sections of the Minneapolis Code of Ordinances (MCO) and State of Minnesota statutes. Failure to do so will cause the license for said location to be revoked.

I understand this consent may be revoked in writing with the revocation to become final on March 31st of the same calendar year.

I understand that no monetary compensation, either present or future, is involved in the granting of this consent.

The mobile food vehicle vendor agrees to hold harmless the ☐ property owner ☐ park board for any claims for damage to property or injury to persons which may be caused by any activity in connection with the issuance of any mobile food vendor license.

**OWNER
 OF
 PROPERTY
 OR
 PARK
 BOARD
 REPRESENTATIVE**

Name _____
 (please print)

Signature _____
 (owner or legal representative)

Title _____

Telephone Number _____

Date _____

VENDOR

Name _____
 (please print)

Signature _____
 (owner of mobile food vehicle)

Telephone Number _____

Date _____

City of Minneapolis Requirements for Insurance Certificates

#7

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,
binder or TBA.

The Legal/Corporate Name
must match exactly
(word for word) to the
Approved Licensee Name
(including Inc, or LLC),
Trade Name (DBA),
and address of premises.

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <hr/> INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
INSURED	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																			
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">EACH OCCURRENCE</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>FIRE DAMAGE (Any one fire)</td> <td>\$</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$</td> </tr> <tr> <td>_____ & ADV</td> <td>\$</td> </tr> <tr> <td>_____</td> <td>\$</td> </tr> <tr> <td>_____</td> <td>\$</td> </tr> <tr> <td>_____</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$	FIRE DAMAGE (Any one fire)	\$	MED EXP (Any one person)	\$	_____ & ADV	\$	_____	\$	_____	\$	_____	\$
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COMBINED SINGLE LIMIT (Ea accident)	\$																		
BODILY INJURY (Per person)	\$																		
BODILY INJURY (Per accident)	\$																		
PROPERTY DAMAGE (Per accident)	\$																		
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">AUTO ONLY - (Ea Accident)</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>OTHER THAN AUTO ONLY:</td> <td>EA ACC \$</td> </tr> <tr> <td></td> <td>AGG \$</td> </tr> </table>	AUTO ONLY - (Ea Accident)	\$	OTHER THAN AUTO ONLY:	EA ACC \$		AGG \$								
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	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">EACH OCCURRENCE</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>AGGREGATE</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$				
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A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">X/WC STATUTORY LIMITS / OTHER</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	X/WC STATUTORY LIMITS / OTHER	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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	OTHER																		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

ADDITIONAL INSURED; INSURER LETTER

Original signature or stamp of Agent.

CERTIFICATE HOLDER City of Minneapolis Licenses and Consumer Services 1-C City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE _____
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Applications will be returned if requirements are not complete.